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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | |
|--|------------------------|--------------|
| Total Number of Pages in This Submission | Attorney Docket Number | MYOG:004USD1 |
|--|------------------------|--------------|

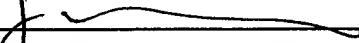
| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Original and Two Copies (Exhibits A-X) and Postcard. |
| Remarks If check be inadvertently omitted, or the amount is insufficient, or additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to the enclosed materials, the Commissioner is authorized to deduct said fees from Fulbright & Jaworski L.L.P. Account No.: 50-1212/CHEP:007US. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | Fulbright & Jaworski, LLP | | |
| Signature |  No. 45,104 | | |
| Printed name | Steven L. Highlander | | |
| Date | 11/12/04 | Reg. No. | 37,642 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|----------|
| Signature |  | | |
| Typed or printed name | Gina N. Shishima - Reg. No. 45,104 | Date | 11/12/04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

| | |
|--------------------------------|---------------------|
| TOTAL AMOUNT OF PAYMENT | (\\$) 170.00 |
|--------------------------------|---------------------|

Complete if Known

| | | |
|----------------------|-----------------|------------|
| Application Number | 09-782,953 | 09/558,472 |
| Filing Date | April 25, 2000 | |
| First Named Inventor | Michael Bristow | |
| Examiner Name | Shukla, Ram R. | |
| Art Unit | 1632 | |
| Attorney Docket No. | MYOG:004USD1 | |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number
50-1212

Deposit Account Name
Fulbright & Jaworski, LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity | Fee Code (\$) | Small Entity | Fee Code (\$) | Fee Description | Fee Paid |
|--------------------------|---------------|--------------|---------------|------------------------|----------|
| 1001 | 790 | 2001 | 395 | Utility filing fee | |
| 1002 | 350 | 2002 | 175 | Design filing fee | |
| 1003 | 550 | 2003 | 275 | Plant filing fee | |
| 1004 | 790 | 2004 | 395 | Reissue filing fee | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | | | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| | -20** = | X | = |
| Independent Claims | -3** = | X | = |
| Multiple Dependent | | | |

| Large Entity | Fee Code (\$) | Small Entity | Fee Code (\$) | Fee Description |
|--------------------------|---------------|--------------|---------------|--|
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 88 | 2201 | 44 | Independent claims in excess of 3 |
| 1203 | 300 | 2203 | 150 | Multiple dependent claim, if not paid |
| 1204 | 88 | 2204 | 44 | ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$) | | | | |

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code (\$) | Fee (\$) | Fee Code (\$) | Fee (\$) | Fee Description | Fee Paid |
|-----------------------------------|----------|---------------|----------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1252 | 430 | 2252 | 215 | Extension for reply within second month | |
| 1253 | 980 | 2253 | 490 | Extension for reply within third month | |
| 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month | |
| 1255 | 2,080 | 2255 | 1,040 | Extension for reply within fifth month | |
| 1401 | 340 | 2401 | 170 | Notice of Appeal | |
| 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal | 170.00 |
| 1403 | 300 | 2403 | 150 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | |
| 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional | |
| 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue) | |
| 1502 | 490 | 2502 | 245 | Design issue fee | |
| 1503 | 660 | 2503 | 330 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |
| Other fee (specify) | | | | | |
| *Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) (\$) | 170.00 |

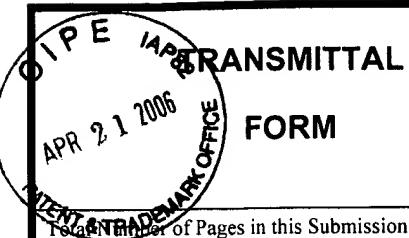
(Complete if applicable)

| Name (Print/Type) | Steven L. Highlander | Registration No. (Attorney/Agent) | 37,642 | Telephone | 512-536-3184 |
|-------------------|----------------------|-----------------------------------|--------|-----------|--------------|
| Signature | | For STEVE HIGHLANDER | | Date | 11/12/04 |

WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DA-C/1630



**TRANSMITTAL
FORM**

Total Number of Pages in this Submission : _____

| | |
|-------------------------|-----------------|
| Application Number: | 09/558,472 |
| Filing Date: | April 25, 2000 |
| First Named Inventor: | Michael Bristow |
| Art Unit: | 1632 |
| Examiner Name: | Shin Lin Chen |
| Attorney Docket Number: | MYOG:004USD1 |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> References _____ <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts/Requirements <input type="checkbox"/> Declaration(s) _____ <input type="checkbox"/> Copy of Notice of Missing Parts/Requirements | <input type="checkbox"/> Drawings(s) _____ <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition to Revive Unintentionally Abandoned Application Under 37 C.F.R. § 1.137(b). <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check in the amount of \$1830.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/MYOG:004D1</u> <input type="checkbox"/> Sequence Statement <input type="checkbox"/> Paper Copy of Sequence Listing <input type="checkbox"/> Computer Readable Form (CRF) <input checked="" type="checkbox"/> Postcard |
|---|---|---|

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-----------------------------|-----------------|--------|
| Firm Name | Fulbright & Jaworski L.L.P. | Customer Number | 32425 |
| Signature | | | |
| Printed Name | Steven L. Highlander | Reg. No. | 37,642 |
| Date | April 18, 2006 | | |

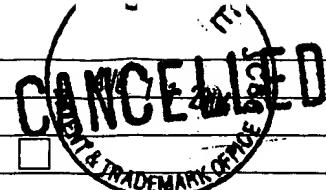
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|----------------------|------|----------------|
| Signature | | | |
| Typed or Printed Name | Steven L. Highlander | Date | April 18, 2006 |

Please indicate receipt of the below-identified paper:

| | | | |
|--|------------------------------|---|---------------------------------------|
| <input type="checkbox"/> New Application For: | Priority Date: | | |
| <input type="checkbox"/> Foreign priority already claimed | | | |
| <input type="checkbox"/> Continuation | <input type="checkbox"/> CIP | <input type="checkbox"/> Divisional | CPA <input type="checkbox"/> |
| <input type="checkbox"/> Specification: Pages | | <input type="checkbox"/> Drawings: | Sheets |
| <input checked="" type="checkbox"/> Response to Office Action Dated: 03/19/04 | | <input type="checkbox"/> Final Rejection | |
| <input checked="" type="checkbox"/> Other: Transmittal Ltr.; Notice of Appeal From the Primary Examiner to the Board of Patent Appeals and Interferences; \$165.00 Check and Postcard. | | | |
| <input type="checkbox"/> Assignment Enclosed | | <input checked="" type="checkbox"/> Cert. of Timely Mailing | <input type="checkbox"/> Exp. Mail: F |



IDENTIFICATION OF APPLICATION

| | |
|--|--|
| Serial No.: 09/558,472 | APR 21 2006 PATENT & TRADEMARK OFFICE |
| Title: DIAGNOSIS AND TREATMENT OF MYOCARDIAL FAILURE | |
| Applicant: MICHAEL BRISTOW ET AL. | Attorney: SLH |
| Client: MYOGEN INC. | F&J File No.: MYOG:004USD1 |
| Mailed: | Filed: 08/09/04 |
| | Due Date: |

Please indicate receipt of the below-identified paper:

| | | | |
|--|------------------------------|---|-------------------------------------|
| <input type="checkbox"/> New Application For: | Priority Date: | | |
| <input type="checkbox"/> Foreign priority already claimed | | | |
| <input type="checkbox"/> Continuation | <input type="checkbox"/> CIP | <input type="checkbox"/> Divisional | CPA <input type="checkbox"/> |
| <input type="checkbox"/> Specification: Pages | | <input type="checkbox"/> Drawings: | Sheets |
| <input checked="" type="checkbox"/> Response to Office Action Dated: 03/19/04 | | <input type="checkbox"/> Final Rejection | |
| <input checked="" type="checkbox"/> Other: Transmittal Ltr.; Notice of Appeal From the Primary Examiner to the Board of Patent Appeals and Interferences; \$165.00 Check and Postcard. | | | |
| <input type="checkbox"/> Assignment Enclosed | | <input checked="" type="checkbox"/> Cert. of Timely Mailing | <input type="checkbox"/> Exp. Mail: |

IDENTIFICATION OF APPLICATION

| | |
|--|----------------------------|
| Serial No.: 09/558,472 | |
| Title: DIAGNOSIS AND TREATMENT OF MYOCARDIAL FAILURE | |
| Applicant: MICHAEL BRISTOW ET AL. | Attorney: SLH |
| Client: MYOGEN INC. | F&J File No.: MYOG:004USD1 |
| Mailed: | Filed: 08/09/04 |
| | Due Date: |

FULBRIGHT & JAWORSKI L.L.P.

VENDOR: 177075 Commissioner for Patents

CHECK NO: 28150

| APPR# | INVOICE# | DATE | AMOUNT | DESCRIPTION | VOUCH# |
|-------|---------------|----------|--------|--|----------|
| 01973 | 0809200401973 | 08-09-04 | 165.00 | Filing Fee for Filing Notice of Appeal - Small Entity - 08-09-04 / 10014732 | 10522533 |